



APPENDIX B – Bid Submittal and Cost Bid Sheet

Date: _____ Company Name: _____

Address: _____

Bidder's official point of contact is: _____

Telephone: _____ Email: _____

QUALIFICATION OF BIDDER

The Bidder must be able to demonstrate that they can provide the services listed within the Request for Bids. The Bidder shall provide references for at least two (2) clients for which they have provided annual cleaning and boiler repairs over the period of the last two (2) years.

Name of Client: _____ Contact Person: _____

Phone Number: _____

Name of Client: _____ Contact Person: _____

Phone Number: _____



**New Hampshire Department of Health and Human Services
Overhead Door Maintenance and Repair For Glencliff Home**

Line	Bidder's Cost Bid*	
1	All-inclusive* Bi-Annual Cost for Cleaning and Preventative Maintenance, per appointment: \$_____	Bi-Annual Cost for Cleaning and Preventative Maintenance, per appointment X 2 \$_____
2	Corrective Repairs Scheduled Service Labor Cost: Per hour rate \$_____	Corrective and Emergency Repairs Scheduled Service X 10 \$_____
3	Emergency◇ Service Calls (during normal business hours†): Labor Cost: Per hour rate \$_____	Emergency Service Calls (during normal business hours †) X 5 \$_____
4	Emergency◇ Service Calls (outside of normal business hours ‡): Labor Cost: Per hour rate \$_____	Emergency Services Calls (outside of normal business hours‡) X 5 \$_____
5	Other (please specify):	\$_____
6	Annualized Cost Bid: \$_____	

* All-inclusive includes all travel and mileage.

◇ All emergency services must begin within four hours of call from Glencliff Home.

†Hourly rates include actual hours worked from the time of arrival on-site through sign off from the Plant Maintenance Engineer, or designee.

‡Normal business hours are from 7:00 AM to 3:00 PM, Monday through Friday, excluding holidays for State Employees (<https://apps.das.nh.gov/EmployeePortal/comp-savings/state-holidays/>).

Authorized Signatory's Name Printed: _____

Authorized Signature: _____